



ASSOCIATE Membership Application

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City,State,Zip: _____
 Phone: _____ Email: _____

Are you currently a member of ASHE? Yes No

What type of services/products does your company provide?

<i>For</i>	<i>Cost</i>	<i>Amount Due</i>
Annual ASSOCIATE Membership Dues: Provides services or products for the healthcare engineering field.	\$ 75.00	
Associate Member Website Link: Annual fee to provide a link to your company website on <i>siche-online.org</i> . Enter your website address here: _____	\$ 25.00	
Total Due		

If you are interested in receiving information about **advertising in the SICHE Newsletter**, check here.

Signed: _____ Date: _____

Submit form with dues payment to:
 SICHE
 P.O. Box 192
 Carbondale, IL 62903

Revised 2/1/14